
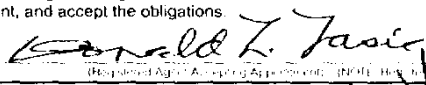
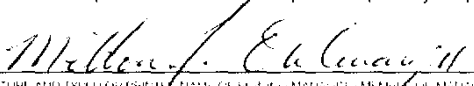


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED 99 APR 12 PM 3:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE</b> \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company  <b>MAGI BUILDERS, L.C.</b> <b>14831 LAGUNA DRIVE</b> <b>FORT MYERS FL 33908</b>		<b>DOCUMENT #</b> L96000000326			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Date Organized or Qualified <b>03/20/1996</b>  4. FEI Number <b>65-0662780</b>  5. Date of Last Report <b>04/27/1998</b>	
3a. State of Formation <b>FL</b>  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>			
7. Name and Address of Current Registered Agent  <del>PIZZO, THOMAS F ESQUIRE</del> <del>2340 PERIWINKLE WAY, SUITE J2</del> <del>SANIBEL, FL 33957</del>			8. Name and Address of New Registered Agent/Office  Name <b>Donald L. Fasig</b> Street Address (P.O. Box Number is Not Acceptable) <b>14831 Laguna Drive</b> Suite, Apt. #, etc.  City                      Zip Code <b>Fort Myers                      FL                      33908</b>		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE				DATE <b>4-7-99</b>	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required)					
10. Title		Managing Members/Managers		Business Street Address	
City, State and Zip Code					
MGRM	OHLMAN, MILTON F II		14831 LAGUNA DRIVE		FORT MYERS FL
MGR	SOUTHWEST COAST LAND C		14831 LAGUNA DRIVE		FORT MYERS FL
MEM	FASIG, DONALD L		14831 LAGUNA DRIVE		FORT MYERS FL
200000028443062-183 -04/20/99--01003--025 ****188.75 ****188.75					
4-15-99					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE:				DATE <b>3-15-99</b> <b>1991-133-1100</b>	